

State of Indiana
Office of the Secretary of State

Certificate of Organization
of
THE INSURANCE ARTIST LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, June 16, 2020.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 16, 2020.

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

202006161398417 / 8629110

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

ARTICLES OF ORGANIZATION

Formed pursuant to the provisions of the Indiana Code.

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID	202006161398417
BUSINESS TYPE	Domestic Limited Liability Company
BUSINESS NAME	THE INSURANCE ARTIST LLC
PRINCIPAL OFFICE ADDRESS	3705 Melrose Court, Floyds Knobs, IN, 47119, USA

ARTICLE II - REGISTERED OFFICE AND ADDRESS

REGISTERED AGENT TYPE	Business Commercial Registered Agent
NAME	UNITED STATES CORPORATION AGENTS, INC.
ADDRESS	8520 Allison Pointe Blvd., Ste. 220, Indianapolis, IN, 46250, USA

ARTICLE III - PERIOD OF DURATION AND EFFECTIVE DATE

PERIOD OF DURATION	Perpetual
EFFECTIVE DATE	06/16/2020
EFFECTIVE TIME	06:02AM

ARTICLE IV - PRINCIPAL(S)

TITLE	Member
NAME	Robert Christopher Holtzmann SR.
ADDRESS	3705 Melrose Court, Floyds Knobs, IN, 47119, USA

TITLE	Member
NAME	Lauren Marie Holtzmann
ADDRESS	3705 Melrose Court, Floyds Knobs, IN, 47119, USA

MANAGEMENT INFORMATION

THE LLC WILL BE MANAGED BY MANAGER(S) No
IS THE LLC A SINGLE MEMBER LLC? Yes

SIGNATURE

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

THE UNDERSIGNED, DESIRING TO FORM A LIMITED LIABILITY COMPANY PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT EXECUTES THESE ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY June 16, 2020.

SIGNATURE

Lauren Marie Holtzmann

TITLE

Member

Business ID : 202006161398417

Filing No : 8629110